

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6682

**FORM C/OH
OVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
N/A

2 Total pages filed:

3

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Rosemary NICKNAME LAST SUFFIX Lehmborg	OFFICE USE ONLY Date Received 2008 JAN 15 PM 2:49 FILED FOR RECORD CLERK TRAVIS COUNTY TEXAS Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2606 DEERFOOT TRAIL AUSTIN, TEXAS 78704	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 658-5346	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Bill McLellan NICKNAME LAST SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 611 S. CONGRESS AVENUE, Suite 346 AUSTIN, TEXAS 78704	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 707-0886	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 12 / 27 / 2007 12 / 31 / 07	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 3 / 4 / 08	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County District Attorney
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

ROSEMARY LEHMBERG

16 ACCOUNT# (Ethics Commission Filers)

N/A17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 35,500EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD\$ 35,500OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report
is true and correct and includes all information required to be reported by
me under Title 16, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rosemary Lehmborg, this the 15th day
of January, 20 08, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

Rosemary Lehmberg

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

12/27/07

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Robert W. Lehmberg

6 Contributor address; City; State; Zip Code

600 S. McKinley, Ste 310, Little Rock, Ark.

7 Amount of contribution (\$)

\$30,000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Physician

10 Employer (See Instructions)

Date

12/27/07

Full name of contributor ☐ out-of-state PAC (ID# _____)

Philip R. Lehmberg

Contributor address; City; State; Zip Code

902 Spruce Wood
Houston, Texas 77024

Amount of contribution (\$)

\$1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

12/27/07

Full name of contributor ☐ out-of-state PAC (ID# _____)

Bette Branch Lehmberg

Contributor address; City; State; Zip Code

902 Spruce Wood
Houston, Texas 77024

Amount of contribution (\$)

\$1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Date

12/28/07

Full name of contributor ☐ out-of-state PAC (ID# _____)

John Sharp

Contributor address; City; State; Zip Code

P.O. Box 236
Austin, Texas 78767

Amount of contribution (\$)

1,000
~~\$0,000~~

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/07

Full name of contributor ☐ out-of-state PAC (ID# _____)

Kayla P. Shell

Contributor address; City; State; Zip Code

1822 B West 10th
Austin, Texas 78703

Amount of contribution (\$)

\$2,500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.